

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Hampton 39600
State File No.

BIRTH NO.		REG. DIST. NO. <u>355</u>		PRIMARY REG. DIST. NO. <u>4520</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u> <u>1071</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Summersville</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Summersville</u> <u>0</u>			
c. LENGTH OF STAY (In this place) <u>50 yrs</u>				d. STREET ADDRESS (If rural, give location) <u>Route #2</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) <u>Mary</u>		a. (First)		b. (Middle) <u>Effie</u>		c. (Last) <u>Sterling</u>	
4. DATE OF DEATH		(Month) <u>Nov</u>		(Day) <u>11</u>		(Year) <u>50</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 8-1877</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>4</u>		IF UNDER 1 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Summersville, Mo</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>J O Kirkman</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Carter</u>		14. NAME OF HUSBAND OR WIFE <u>G W Sterling</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>G W Sterling, Summersville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lymphatics</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>with metastasis</u> DUE TO (c) <u>to abdomen</u>				INTERVAL BETWEEN ONSET AND DEATH <u>197X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>August, 1950</u> , to <u>Oct 10, 1950</u> , that I last saw the deceased alive on <u>Oct 10, 1950</u> , and that death occurred at <u>10 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. H. H. Hampton</u> <u>MD</u>				23b. ADDRESS <u>Summersville, Mo</u>		23c. DATE SIGNED <u>Nov 16</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-14-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethyl</u>		24d. LOCATION (City, town, or county) (State) <u>Summersville, Mo</u>	
DATE REC'D BY LOCAL REG <u>Nov 20-50</u>		REGISTRAR'S SIGNATURE <u>Anna Roberts</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Duncan Funeral Home Mtn View, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Sp...

RECEIVED NOV 27 1950

Dist. File 1250-2368

Date Filed 12-5-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Joe P. Duncan

Licensed Embalmer No. 4325

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.